

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)		TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.								COURT USE ONLY <b>DU<sup>E</sup> DATE:</b>					
1a. CONTACT PERSON FOR THIS ORDER Tina Johnson			2a. CONTACT PHONE NUMBER (415) 318-1273			3. CONTACT EMAIL ADDRESS tjohnson@kslaw.com									
1b. ATTORNEY NAME (if different) Meghan Strong			2b. ATTORNEY PHONE NUMBER (415) 318-1263			3. ATTORNEY EMAIL ADDRESS mstrong@kslaw.com									
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) King & Spalding 50 California Street, Suite 3300 San Francisco, CA 94111				5. CASE NAME In re RIPPLE LABS INC. LITIGATION						6. CASE NUMBER 4:18-cv-06753-					
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Raynee Mercado				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
04/26/2023	Hon Hamilton			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: Motion for Class Certification Hearing															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE					
11. SIGNATURE <i>/s/ Meghan Strong</i>										05/02/2023					

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